

INSTRUCTIONS FOR SHERIFF

THE SHERIFF MUST HAVE WRITTEN AND SIGNED INSTRUCTIONS BY THE ATTORNEY FOR THE PLAINTIFF OR THE PLAINTIFF, IF HE HAS NO ATTORNEY IN ACCORDANCE WITH CCP 262.

PLEASE SERVE THE ACCOMPANYING PROCESS

TYPE OF SERVICE:

CASE NO.:

FILE NO.:

PERSON TO SERVE (Please Type Or Print)

NAME:

ADDRESS:

CITY:

CA. ZIP

☐ AND ☐ OR (Please indicate if more than one person)*

NAME:

ADDRESS:

CITY:

CA. ZIP

* For every person to be served, please send (1) one extra copy of process

SPECIAL INSTRUCTIONS

(PLACE OF EMPLOYMENT - PHYSICAL DESCRIPTION)

SIGNATURE _____

ATTORNEY OR PLAINTIFF

TO: SHERIFF COURT SERVICES

NAME:

PLEASE PRINT

ADDRESS:

CITY:

CA. ZIP

PHONE:

DAYTIME CONTACT**

** If this office has to contact you, we will call COLLECT.
PLEASE DO NOT PHONE OUR OFFICE FOR A STATUS ON YOUR CASE.
WE WILL NOTIFY YOU BY MAIL ON THE OUTCOME OF THE SERVICE.

FOR SHERIFF OFFICE USE ONLY

HEARING DATE:

LAST DAY:

COURT: